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**15.52 hrs.**

**Title: Further consideration of the Acquired Immuno Deficiency Syndrome (AIDS) Prevention Bill, 2000 ( Continued-concluded) (Bill withdrawn).**

**MR. CHAIRMAN : Now, we take up Item No.29, further consideration of the Bill moved by Dr. V. Saroja.**

**Shri Ramdas Athawale was on his legs. He is not present.**

**SHRIMATI RENUKA CHOWDHURY (KHAMMAM): Sir, since the hon. Minister is here, thank you for allowing me to speak on this very crucial issue.**

**HIV, for all its international recognition and its alert status and sometimes an elitist profile that it has taken on, the Governments have not reflected on the extreme position of this disease in our country. While globe tottering foreigners all come home and tell us the percentage is so high in India because of our population and number of people residing in our country, the reality is that the Government has not collectively addressed this issue.**

**For example, in our various districts because of the trafficking and other high-risk groups that have been happening as well as drought, famine and natural disasters, which have left women to be impoverished, as a result of which they are settling for unsafe sex practices. As a result of which the women have been the more vulnerable group of population, who suffer from HIV-AIDS. It is an unfortunate disadvantage that we have been bestowed with by nature and biology. But the reality is that these women are again the nurtures of our communities. If you go to look at the Tenth Plan that we are moving towards, no budget allocations have been made for any kind of home care or remedial action to be taken at the rural areas and rural districts. As a result of which there is going to be an influx of people who are HIV positive and who are going to get the terminal stages as they keep growing elder despite their drug intervention because we cannot afford those expansive cocktails that are given out. As a result of which poorer people tend to suffer much more, never mind that detection is not affordable and accessible as yet to the majority population. But families have not been involved in counselling where we can encourage people to take home care for these people towards the terminal stages as well there should be mobile centres in districts headquarters, *zila parishads.* And the *Anganwadi* workers, ICDS people should be involved in HIV campaign, in percolation of information as well as how to look after these people who are infected with HIV.**

**Unfortunately, this kind of dissemination of care has not been influenced. Also there is a disproportionate migration of rural youth, who come in to metropolitan areas, as a result of which there is a breakdown of infrastructure there. But the villages are being left with elders who are not competent to look after the ailing young who are sent home, discriminated against, abused and not looked after.**

**So, as a result of which, we have largely neglected population who is waiting for medical attention, which they cannot access. Our primary health care centres are lying unattended because not enough doctors go there; not enough doctors have an incentive to work there because the other infrastructure required for a doctor and his family does not exist.**

**Dr. Saroja's Bill is really a wonderful Bill. She has looked into this issue and talked about social support and rehabilitation of persons suffering from HIV AIDS. In such matters, DWACRA self-help groups have not been tapped as resource centres. Just because you have HIV, it does not mean that you are dropping dead. It is not a contagious disease, you do not get it by a touch or anything. This kind of awareness has not been spread into the micro finance areas, where women can then access other women, who are infected with this disease and they can be taught how to earn their livelihood because most of them do not.**

**Now, there was a landmark High Court Order in the State of Andhra Pradesh, which had, well intentionally, in all its judicious wisdom − it was wrongly applied − said that the State would then look after the HIV infected people. There was a whole group of people segregated. Enough care should be ensured that this would never be quoted as a precedent in other Courts when there is discrimination against employment as well as discrimination against other issues as well. Now, in order to make this possible, information has to be addressed to the District Collectorates, Panchayats and Mandal level offices, where a group of people can be called, informed and educated regarding HIV AIDS. Infrastructure has to be set up for home care centre. The Government of India should now make an intervention and give us the budget allocation in the ensuing Tenth Plan to ensure that there are enough funds available to people. Otherwise, there is going to a disproportionate migration to Government hospitals which are already overloaded.**

**Now, I have one impassioned plea to make to all my respected colleagues in Parliament. We all go to Government hospitals and grumble. We grumble that there is inadequate blanket and torn bed-sheets. Nobody realises that these Government hospitals were made with a certain infrastructure to cater to certain percentage of people and that much turnover. Instead, these hospitals are doing ten times and sometimes 40 times the turnover that they were built for. Despite that, these hospitals never put up a board saying, 'housefull' and never turn away the person. There may be a substandard care but at least at some point a citizen can access some care.**

**If we do not address HIV in the reality that it should be, then we are going to have an influx of people infected at different levels because you have opportunist diseases which come in. So, constantly an HIV infected person, who does not have access to money and to this new intervention that we have, will come back to you repeatedly for skin disease, lung**

disease, bones that do not heal as well as Tuberculosis. All these complexities come and load on to your existing already overburdened infrastructure. So, it is important that we take it away from the Government hospitals, put it into home care, take care in the villages, set up centres there for the terminally ill, and see that we can reach these people. We have a lot of sentinel centres for prenatal care, where the children are breastfed by mothers. Unfortunately, much of our myth and folklore tell us that mother's milk is the safest. HIV is one dirty virus that has found its way to break through the placenta and in fact, foetus. Sometimes, the embryos are safe. Through breastfeeding, mothers who are infected with HIV virus, transmit it to their children. More and more awareness has to be brought in so that people would go for voluntary testing, which is the international norm. We are not allowing voluntary testing to happen. I want to ask one clarification from the hon. Minister. There was a four-digit telephone number which was initiated during my time in the Health Ministry.

16.00 hrs.

It would give people information in privacy. You must now force the Governments of all the States that they will access this four-digit telephone number and it should be printed in the telephone directory. Along with the emergency number of 100, Fire and Police numbers, you must have an HIV access number. Any NGO will come forward to take this and run it very successfully. People are still ignorant.

I would also advise the Government to please run dummy tests. We did it. We have printed an advertisement in a newspaper where we said that the boy is foreign returned and he is HIV positive. We got replies from parents wanting to get the girls married. They thought the HIV positive was an international degree of some kind. So these are the unfortunate misinformation and fallacy that people still go to it.

Also, the hon. Minister should look into organ donation. There is an establishment set up at the All India Institute of Medical Sciences. HIV is going to be a huge deterrent factor in organ uptake. So we need to look into the future so that we have these checks--positive and preventive checks--in place so that we have a successful organ donation programme.

Of course, no one will ask the politicians for their hearts because they are known to be heartless....(*Interruptions*) But I do pray that the hon. colleagues here will come forward and set examples. We can set up one here. Parliament should be having an HIV Detection Centre, where we can do the testing in privacy. Just a number is given and blood is drawn and reports are given. We must encourage it. Parliament is not just of Members of Parliament, but we have thousands of workers and employees here. If we do not set the example, nobody else will. Somebody's wife might thank you for it.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): Mr. Chairman, Sir, I am responding to all the Members of Parliament in general, and Shrimati Renuka Chowdhury and Dr. V. Saroja, who has moved the Bill, in particular.

The spirit behind the Private Member's Bill titled "The Acquired Immuno Deficiency Syndrome (AIDS) Prevention Bill, 2000" moved by distinguished Member of Parliament, Dr. V. Saroja, is well appreciated, since basically it intends to prevent and control the HIV/AIDS spread in the country.

The Bill proposes a number of provisions which call for action on the part of the Central Government, State Governments and registered medical practitioners in respect of conducting a census in the country, of persons suffering from HIV/AIDS, prenatal HIV test, blood safety, 100 per cent condom use and establishing surveillance centres. It also proposes a mandatory HIV testing for college students at the time of admission and compulsory testing of truck and heavy vehicle drivers at the time of issuing or renewal of licence. It also proposes that all the State Governments will ensure that every antenatal case should be screened for HIV/AIDS at every maternity home or other hospitals.

HIV is a chronic infection. A person infected with HIV could remain asymptomatic for a period of 5-7 years or more, depending upon his immune status. During this period, he may not manifest any symptoms or signs, but he is capable of spreading infection to others through the well-known routes of HIV transmission. There is also a period which is called as "window period", which may be as long as 12-14 weeks. During this period, the person may harbour the virus inside his body but this may not be detected by antibody tests. The HIV infection is mostly associated with the risk behaviour of an individual, and therefore, the person who may be sero negative initially may turn out to be sero positive in subsequent tests because of indulgence in high risk behaviours during this intervening period. Thus, provisions suggested in the Private Member's Bill for census of HIV infection, mandatory screening of antenatal mothers, college students, sex workers, would not serve any useful purpose, scientifically.

For the monitoring of the progress of the HIV epidemic in the country, the Government of India has established 384 sentinel surveillance sites including both high risk groups who attend sexually transmitted disease clinics and low risk segments of the population like antenatal mothers. The sentinel surveillance survey is conducted every year during the months of August to October covering designated sentinel sites like antenatal clinics, drug de-addiction centres, sexually transmitted disease clinics, etc. State-wise data is analysed and trends of the HIV infection are determined for follow-up action. The Government of India has already started intervention programmes for vulnerable segments of the population like commercial sex workers, truckers, migrant workers and injecting drug users, etc. A comprehensive package of services including peer education, counselling, examination and treatment of sexually transmitted diseases and promotion of condom is provided through the non-governmental organisations. We are aiming at achieving more than 90 per cent condom usage among commercial sex workers and other high risk groups in the country. Currently, there are over 700 targeted intervention projects being run in the country with the help of non-governmental organisations.

As regards blood safety, the Government of India has already banned professional blood donation in all blood banks, hospitals, laboratories and nursing homes of the country. More importantly, the Government has made compulsory the screening of each and every unit of blood for five blood transmissible infections namely HIV, Haepatitis B, Haepatitis C, Syphillis and Malaria under the existing Drugs and Cosmetics Act. Similar provisions have been made in respect of donation of organs.

There is an active debate in the country on the issue of mandatory testing of people suspected of carrying HIV infection. Considerable thought has been given to this issue. The Government feels that there is no public health rationale for mandatory testing of a person for HIV/AIDS. Such an approach could be counter-productive as it may scare away a large number of individuals from getting detected and treated. HIV testing carried out on a voluntary basis with appropriate pre-test and post-test counselling is considered to be a better strategy. It is in line with the WHO guidelines on HIV testing.

For the voluntary counselling, testing and diagnosis of HIV infection, the Government has established more than 300 voluntary counselling and testing centres in the country in medical colleges and district hospitals. Our aim is to establish one such centre in each district hospital in a phased manner over a period of two to three years.

For the care and support of people living with HIV/AIDS, the Government of India is providing funds to State AIDS control societies for management of opportunistic infections free of cost in all Government hospitals. In addition, 26 community care centres have been established for providing care and support to such patients through the non-governmental organisations. For the protection of health care workers dealing with HIV/AIDS patients, comprehensive guidelines on universal precautions have been provided to the States and Union Territories. Antiretrovial drugs are being provided to Government hospitals for post exposure prophylaxis for health care workers in case of any accidental needle, syringe or sharp injury during treating HIV/AIDS patients. The Government of India also encourages indigenous systems of medicine and homoeopathy to pursue research for refining medicines that would assess the immuno modulatory role of available drugs under these systems of medicine.

The Government of India is using various mass media as well as folk media for generating awareness about prevention and control of HIV/AIDS. The Government has also launched a family health awareness campaign which aims to generate awareness about reproductive tract infections through the network of primary health centres, community health centres and first referral units. For making the youth aware about HIV/AIDS and other sexually transmitted infections, the Government has initiated School AIDS Education Programme with the aim to cover all secondary and higher secondary schools for a period of three to four years in collaboration with the Department of Education and NGOs.

The Government has already involved influential people in the society like Members of Parliament, Members of Legislative Assemblies of the States, Members of Municipal Corporations, Panchayat Members, religious leaders etc., for creating awareness on prevention and control of HIV/AIDS. The Government has also involved other Ministries/Departments like Railways, Defence, Sports and Youth Affairs, Labour, Social Justice and Employment, Women and Child Development etc., in implementation of the HIV/AIDS prevention and control programme in their respective sectors.

The Government has decided to expand the Prevention of Mother to Child Transmission (PMTCT) of HIV programme in the country in a phased manner, giving priority to six high HIV-prevalence States, namely, Tamil Nadu, Maharashtra, Andhra Pradesh, Karnataka, Manipur and Nagaland.

The Government has also initiated HIV vaccine research and development programme to develop HIV vaccine relevant to HIV-I, `C' subtype prevalent in our country, in collaboration with Indian Council of Medical Research and International AIDS Vaccine Initiative, USA.

The Government has constituted the National AIDS Committee under the Chairpersonship of Union Minister for Health and Family Welfare to oversee and review the functioning of National AIDS Control Programme. The members of the Committee belong to various Government departments, NGOs, Members of Parliament, Members of Legislative Assemblies, etc. â€¦ (*Interruptions*)

The Government of India has released National AIDS Prevention and Control Policy and National Blood Policy which adopts the human rights approach with regard to HIV testing, employment and education of HIV-infected persons and care and support of people living with HIV/AIDS without any stigma and discrimination.

Sir, we are aware of the fact that there is neither cure nor vaccine for the effective containment of the HIV/AIDS epidemic in the world. The growth of the HIV spread can only be slowed down by bringing the behaviour change in the community particularly amongst youth. This would require multi-sectoral response from public, private and voluntary sectors. Political advocacy is an important tool to sensitise the community about prevention and control of HIV infection. The role of religious leaders is also vital in conveying the right type of messages to the people so that the people can be empowered to protect themselves from this tragedy. ...(*Interruptions*)

SHRIMATI RENUKA CHOWDHURY: You should add media also.

SHRI SHATRUGHAN SINHA: What Shrimati Renuka Chowdhury says would be added now. Media would play a very important role.

The steps initiated by the Government of India are in the right direction and the policy framework will now determine the Action Plan to pursue effective implementation of the programme for prevention of HIV and care and support to people

living with HIV/AIDS.

In view of the above, I would request hon. Member of Parliament, Dr. V. Saroja, to consider to withdraw the Bill moved by her.

DR. V. SAROJA (RASIPURAM): Mr. Chairman Sir, on the eve of the World AIDS Day on 1st December, the House will join me in condemning the statement of the U.S. National Intelligence Council releasing an alarming information that India will have more than 25 million people living with AIDS by 2010 AD.

Sir, according to NACO, there are about 3.9 million people in India who live with HIV infection and full-blown AIDS. However, there are only 40,708 HIV cases.

Sir, the States of Tamil Nadu, Maharashtra, Gujarat, Andhra Pradesh, Karnataka and a few other States are reporting higher incidence of HIV and AIDS-Positive cases. I would like to say with authority and undilutedly that the Government of India is taking every step to contain this disease. I am sure that within the Tenth Five-Year Plan period the Government of India will contain the disease fully and a day will come when India will be free of these AIDS cases.

I would like to congratulate all the speakers who have taken part in this very important discussion. A few of the hon. Members are medical doctors and most of them are non-medical Members. They have all gone deep into the subject, deep into the social evil and deep into this menace. The way they have gone very deep into the subject and the way they analysed it, shows the commitment they have towards this national evil.

Here, I would like to say that the first speaker of this debate, hon. Member Shri Kirit Somaiya pointed out many things. I would like to appreciate that in his speech he said that he was not a medical person but a person from the finance profession. He has gone very deep into the subject. Hon. Member Shri Kirit Somaiya had told that 88 per cent of the HIV-AIDS cases are due to illegal, heterosexual and unsafe − underline the word unsafe − sexual relationship which cause the HIV-AIDS positive. At the same time, he had also pointed out about the use of sterile gloves and disposable syringes. He has given a very valuable suggestion. I appreciate it fully and I congratulate hon. Member Shri Kirit Somaiya for his suggestion. That should be considered with all seriousness. As a medical person, as a practising doctor, as a gynaecologist, I was involved in this research work for the past 20 years. I fully endorse the views expressed by hon. Member Shri Kirit Somaiya.

At the same time, in his speech, hon. Member Shri Kirit Somaiya has mentioned that 16 lakh children in Andhra Pradesh are with HIV-Positive. He had told in his speech that the student community, especially the adolescents between the age group of 15 to 49, should be targeted. This is the age group, the student community that we have to concentrate on. We have to take more care and every effort to prevent further spread of the disease and no stone should be left unturned. This group is, of course, in the general group. But this is the group that we have to address to prevent the spread of the disease.

At the same time, there are 16 lakh HIV-Positive children. How are we going to rehabilitate them and how are we going to put them in a proper track so that they will not be harassed and they will not be discriminated against? This is the point that we have to note.

Hon. Member Shri Kirit Somaiya had also mentioned about the national insurance companies. The Government of India should take their help. You have to take more help from the insurance companies. The insurance companies are benefited in many ways. They have to contribute more to contain this disease. He had also suggested that the State Governments have to lower down the sales tax from eight per cent to five per cent and also the octroi from eight per cent to four per cent. This point is to be considered.

Shri Kirit Somaiya had also mentioned in his speech that the Government of India has given uppermost priority to this and by 2007, during the Tenth Five-Year Plan period, the Government of India will contain this disease.

Sir, as a doctor myself, I would like to prepone this period from 2007 to 2005 for making India an AIDS-free country.

MR. CHAIRMAN : I would like to inform the hon. Members that the time for discussion of this Bill is now over, so I would like to seek the permission of the House to extend the time for this Bill for another ten minutes.

SEVERAL HON. MEMEBERS: Yes.

MR. CHARIMAN: The time for this Bill is now extended for another ten minutes.

DR. V. SAROJA : Mr. Chairman, Sir, the previous speaker, Smt. Renuka Chowdhury, the former Health Minister herself, had given a few suggestions. She mentioned about the HIV factor during organ transplantation. One cannot really lose sight of this fact that one can get infected by HIV during transplantation of organs. The points she mentioned are very important and are result-oriented. She had mentioned about the self-help groups. She spoke about cent per cent usage of condom, especially the usage of female condoms would be very useful in containing this disease. I would like to congratulate Smt. Chowdhury for the valuable suggestions she has given on this Bill.

Sir, another speaker, Shri Adhir Chowdhary mentioned about discrimination being made in HIV cases. In the Delhi Declaration we took an oath for making our world an AIDS free world. But this should not remain on records here only. The message must reach the people at the grassroot level to achieve this goal. Shri Chowdhary had pointed out that the growth of AIDS patients will affect the growth of our nation. Is it not true that the people in the age group of 15 to 49 enjoy the most healthy period of their life? But people in this productive age group, instead of contributing to the development of the nation, are now getting engaged in destruction not only of themselves and their families but also in the destruction of the nation. If India could be declared an AIDS-free country, then we would score even over the United States of America.

Sir, he mentioned about the budget allocation. There should be a separate budget to contain this disease. It cannot be combined with all the other Budgetary heads of the Ministry of Health if we are to contain this disease. The treatment of this disease is a very costly affair. We have to have a strategy to contain this. We have to prevent new cases of AIDS from being erupted. We have to classify the disease in two parts − one, a full-blown AIDS case and the other HIV positive case. We cannot club these two together. An AIDS patient needs care and support and an HIV positive patient needs treatment. You have to classify them.

Here I would like to point out that according to the estimate of the HIV Surveillance Group, the number of estimated HIV cases (adults) between the age group of 15 to 45 is 3.8 million (males), 1.5 million (females) and 1.7 million (Children) respectively. The total is about 4.9 million. In respect of the sex ratio, it is 30,642 (males) to 10,650 (females) and the total is about 41,000. Now our attention should be focussed on these 41,000 odd cases immediately so that whatever budget allocation has been made, this could be managed and contained within that available budget.

The statistics of Statewide presence of HIV as well as full-blown AIDS cases are available in these papers. I would request all the Members of Parliament to go through this. With the permission of the Chair, I may supply a copy of this to you in due course for your information. All of us should take an oath that we will go to our respective Constituencies, get in touch with the State units of NACO, discuss with them about the number of cases and their details, and reach out to the patients. With the help of elected representatives of *Panchayat Raj* institutions and with public participation, we shall take the message from what we have spoken here in the House, and ensure that action reaches the grass roots level and benefits go to the affected people. For paucity of time, I would not like to dwell more on this. I will be able to discuss this with the hon. Minister later and give my suggestions to him.

I would like to inform the hon. Minister what we have done in my Constituency. Tamil Nadu is under the leadership of a dynamic leader Dr. *Puratchi Thalaivi.* We had conducted an awareness programme last month for all the elected representatives of Tamil Nadu State Assembly and *Panchayat Raj* institutions, and also for the general public. Being a Gynaecologist, I have set up nearly ten Counseling Centres in my Constituency. In those Centres we had done counseling for 6,665 antenatal mothers. Every antenatal mother is registered with a case-sheet of her own. All the children have a case-sheet with findings and the general conditions. I did it because we are not only treating AIDS but also the associated infections. HIV testing was done on all 6,665 antenatal cases where counseling was done. Out of these 6,665 cases, 172 were found to be HIV positive. I have requested the hon. Health Minister in my letter of 7$^{th}$ August, 2002 to sanction an amount of Rs.1 crore for these 172 HIV positive patients so that mother to child transmission can be prevented.

Dr. MGR Medical University is doing pioneering research work in this field. This was the first university to focus attention on HIV positive cases as well as tuberculosis cases in 1992. The Department of Experimental Medicine and the National Referral and Research Centre are known for their work in the whole of this country. They have requested for a postgraduate course in Immunology, Immuno-haematology and blood transfusion. It will help in containing this disease also. I would request that the Minister may kindly sanction funds for this also.

There is much more to discuss on this issue. However, due to paucity of time, I will confine myself to giving a few suggestions. One hundred per cent condom usage, especially the female condom usage, will be the most cost-effective method through which we can contain this disease within a year at least by 75 per cent.

SHRIMATI RENUKA CHOWDHURY : May I intervene please?

Actually there is no accessibility to condom. The true success of HIV control programme is linked to affordability, accessibility and availability of condom. Please tell me where a citizen accesses a condom in our country. Earlier we used to have little *paan* shops and the cigarette shops, which used to keep it.

MR. CHAIRMAN : You have already participated in the discussion.

SHRIMATI RENUKA CHOWDHURY : No. I just want to make a suggestion. Since there is such a lengthy debate going on, I just want to suggest to the hon. Minister. He is with the film world background. So, he would speak to the persons who make TV serials and ask them to incorporate one episode on HIV, explaining to them how a family manages, what are the problems they face, etc.

We had a stunt in Andhra Pradesh where the Chief Minister had a huge display of condom. It is all very well for Bill Gates to see! But the reality is that no one can buy a condom when one wants to. Tell me, around Parliament, where do we get a condom? We should learn to say the word 'condom' and 'sex'. Unless you talk about the subject, you are not going to be able to control it.

**I was horrified when people were coming to me when I was the Health Minister, and saying:** आपका कामसूत्र का पोर्टफोलियो है। This attitude has to change. It is not about 'Kamasutra'. Sex is an integral part of a human being. Much as you eat your food and drink water, you also procreate. It is only the question of how to harness it and how to keep it within the safety levels. For some diseases and accidents, you have first aid, but in the case of HIV, you do not have any.

We have to be able to come out of it. Parents cannot tell their children; teachers do not know how to talk to the students. We have got to empower them by giving them the language, of how to speak about safe sex practices.

DR. V. SAROJA : In the end, I will appeal to the medical fraternity. If not the doctors, who will treat such patients? There should be a stringent law to destigmatise the patients. There should also be a law for the medical professionals to handle such cases in private and Government hospitals. There should be a separate and an important provision to admit the patients within the hospitals.

Finally, I want to say a word about pre-maternal HIV test. Unless we reach a consensus, we cannot move further. It is a very sensitive subject, but we have to start somewhere. It is for the benefit of their own children that we are saying this. So, I endorse the view for having pre-maternal HIV tests.

It is a very important Bill. It is the need of the hour and the need of this country. I would appeal through you, Sir, to the hon. Minister to treat this as a Government Bill and have it passed. I would thank all the hon. Members who have contributed much to this very important Bill and request them to support it.

MR. CHAIRMAN : Are you withdrawing your Bill, as requested by the hon. Minister?

DR. V. SAROJA : Let me quote what Ms. Renate Ehmer said:

> "Today's gathering is very significant and august for it comprises the most significant galaxy of opinion makers and legislators, so is its purpose − signifying solidarity and oneness of voice in addressing drug abuse issues, especially the inter-connection with HIV/AIDS.
>
> Such well-known artistes got around together to draw the strength from the creative brush and their inner-voice and the result was this − one of its kind, initiative. Must I call this initiative as 'echo of souls'. We began this journey with an idea, with a purpose and with a dream."

So, Sir, I withdraw this Bill with the hope that the Minister will implement all my suggestions.

I beg to move for leave to withdraw the Bill to provide for the prevention and control of the spread of Human Immuno Deficiency Virus (HIV) infection and to provide for specialized medical treatment and social support to and rehabilitation of person suffering from Acquired Immuno Deficiency Syndrome (AIDS) and for matters connected therewith and incidental thereto.

MR. CHAIRMAN: The question is:

> "That leave be granted to withdraw the Bill to provide for the prevention and control of the spread of Human Immuno Deficiency Virus (HIV) infection and to provide for specialized medical treatment and social support to and rehabilitation of person suffering from Acquired Immuno Deficiency Syndrome (AIDS) and for matters connected therewith and incidental thereto. "

*The motion was adopted.*

*DR. V. SAROJA (RASIPURAM): I withdrawthe Bill.*

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